



Send completed forms to
DOH Communicable
Disease Epidemiology
Fax: 206-418-5515

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Other: _____
Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
Date Received ____/____/____
DOH Classification
☐ Confirmed
☐ Probable
☐ No count; reason: _____

Rubella

County _____

REPORT SOURCE

Initial report date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation
start date:
____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name _____

Phone _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived

Diagnosis date: ____/____/____

Illness duration: _____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Fever** Highest measured temp: ____ °F

Type: ☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

☐ ☐ ☐ ☐ Runny nose (coryza)

☐ ☐ ☐ ☐ **Rash (maculopapular)** Onset date: ____/____/____

Duration: _____ days

Describe rash progression: _____

Does the rash itch? Yes__ No__

☐ ☐ ☐ ☐ Headache

☐ ☐ ☐ ☐ Malaise

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ **Conjunctivitis**

☐ ☐ ☐ ☐ **Lymphadenopathy** Onset date: ____/____/____

☐ Cervical ☐ Suboccipital

☐ Postauricular ☐ Other: _____

☐ ☐ ☐ ☐ **Arthritis or arthralgia**

☐ ☐ ☐ ☐ **Rash observed by health care provider**

Rash distribution: _____

☐ Generalized ☐ Localized ☐ On palms and soles

☐ Petechial ☐ Macular ☐ Papular

☐ Pustular ☐ Vesicular ☐ Bullous

☐ Other: _____

☐ ☐ ☐ ☐ **Congenital Rubella Syndrome (CRS)**

☐ ☐ ☐ ☐ Hemorrhagic signs

☐ ☐ ☐ ☐ Pneumonia or pneumonitis

☐ ☐ ☐ ☐ Encephalitis or encephalomyelitis

☐ ☐ ☐ ☐ Leukopenia

☐ ☐ ☐ ☐ Thrombocytopenia

☐ ☐ ☐ ☐ Complications

Specify: _____

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy Place of death _____

Vaccination

Y N DK NA

☐ ☐ ☐ ☐ Vaccine up to date for rubella

Number MMR doses after first birthday: _____

Vaccine series not up to date reason:

☐ Religious exemption

☐ Medical contraindication

☐ Philosophical exemption

☐ Previous infection confirmed by laboratory

☐ Previous infection confirmed by physician

☐ Parental refusal ☐ Under age for vaccination

☐ Other: _____

☐ Unk

☐ ☐ ☐ ☐ Primary vaccine series complete

Laboratory

Collection date ____/____/____

P = Positive O = Other, unknown
N = Negative NT = Not Tested
I = Indeterminate

P N I O NT

☐ ☐ ☐ ☐ ☐ **Rubella virus culture (clinical specimen)**

☐ ☐ ☐ ☐ ☐ **Rubella IgG with significant rise (acute and convalescent serum pair)**

☐ ☐ ☐ ☐ ☐ **Rubella IgM**

☐ ☐ ☐ ☐ ☐ Tests to rule out other agents

Agent/results: _____ Date: ____/____/____

Agent/results: _____ Date: ____/____/____

INFECTION TIMELINE

Enter onset date (first
sx) in heavy box.
Count forward and
backward to figure
probable exposure and
contagious periods

Days from
onset:

Exposure period

-21 -14

o
n
s
e
t

Contagious period

1 week before to at least 4 days after rash onset *

Calendar dates:

* Infants born with congenital rubella
syndrome may shed for months after birth

EXPOSURE (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or
outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Destinations/Dates: _____

- ☐ ☐ ☐ ☐ Contact with recent foreign arrival
Specify country: _____
- ☐ ☐ ☐ ☐ Foreign arrival (e.g. immigrant, refugee, adoptee,
visitor) Specify country: _____
- ☐ ☐ ☐ ☐ Does the case know anyone else with similar
symptoms or illness
- ☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed or probable
case**

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Congregate living
☐ Barracks ☐ Corrections ☐ Long term care
☐ Dormitory ☐ Boarding school ☐ Camp
☐ Shelter ☐ Other: _____
- ☐ ☐ ☐ ☐ Visited health care setting 1 - 3 weeks preceding
onset Facility name: _____
Number of visits: _____ Date(s): ____/____/____
- ☐ ☐ ☐ ☐ Exposure setting identified:
☐ Child care ☐ School ☐ Doctor's office
☐ Hospital ward ☐ Hospital ER
☐ Hospital outpatient clinic ☐ Home
☐ College ☐ Work ☐ Military
☐ Correction facility ☐ Church
☐ International travel
☐ Other, specify: _____ ☐ Unknown

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PUBLIC HEALTH ISSUES

Y N DK NA

- ☐ ☐ ☐ ☐ If female, is case pregnant Weeks gestation: ____
Previous rubella titer
☐ Pos ☐ Neg ☐ DK ☐ NA Year: _____
- ☐ ☐ ☐ ☐ Any contact with pregnant woman
- ☐ ☐ ☐ ☐ Attends child care or preschool
- ☐ ☐ ☐ ☐ Employed in child care or preschool
- ☐ ☐ ☐ ☐ Do any household members work at or attend
child care or preschool
- ☐ ☐ ☐ ☐ Documented transmission
☐ Child care ☐ School ☐ Doctor's office
☐ Hospital ward ☐ Hospital ER
☐ Hospital outpatient clinic ☐ Home
☐ College ☐ Work ☐ Military
☐ Correction facility ☐ Church
☐ International travel ☐ Other: _____ ☐ Unk
- ☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

- ☐ Exclude exposed susceptibles from work/school for incubation
period
- ☐ Evaluate immune status of close contacts
- ☐ Assess possibility of pregnancy in female contacts

NOTES

Investigator _____ Phone/email: _____

Investigation complete date ____/____/____

Local health jurisdiction _____

Record complete date ____/____/____